7th Annual Native American Summit August 14-15, 2012 Presenter Proposal 2012

Policy

PRESENTER INFORMATION	ON			
Name				
Title				
Organization				
Email Address				
Address				
City				
State				
Primary Phone				
PRESENTATION TITLE				
PRESENTATION DESCRI	DTION			
TRESENTATION DESCRI	FIION			
PRESENTER'S BIOGRAPH	Y			
Please indicate your equipment needs	S:			
AUDIO/VISUAL NEEDS				
TV/VCR			ad Projector	
Power Point Projector			Other:	
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Please check all that apply:				
TYPE OF PRESENTATION				
Adult Presenter(s)		ident Presenter(s)	Group Presentation	
Panel Discussion		ltural Presentation	Health	
Housing		ucation	Economic Dev.	

Community

Other: